

SOUTH SHORE MANOR

1915 EAST TRIPOLI AVENUE

ST. FRANCIS

53235

Phone:(414) 483-3611

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 34

Total Licensed Bed Capacity (12/31/02): 34

Number of Residents on 12/31/02: 33

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 34

Corporation

Skilled

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			21.2
Supp. Home Care-Personal Care	No						More Than 4 Years			66.7
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	0.0				12.1
Day Services	No		Mental Illness (Org./Psy)	48.5	65 - 74	0.0				-----
Respite Care	No		Mental Illness (Other)	0.0	75 - 84	42.4				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	51.5	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.1	Full-Time Equivalent			
Congregate Meals	No		Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Fractures	6.1		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	15.2	65 & Over	100.0	-----			
Transportation	No		Cerebrovascular	9.1		-----	RNs			10.9
Referral Service	No		Diabetes	0.0	Sex	%	LPNs			6.4
Other Services	No		Respiratory	3.0	-----	-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	18.2	Male	9.1	Aides, & Orderlies			
Mentally Ill	No			-----	Female	90.9				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

## Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	320		21	91.3	107	0	0	0.0	0	7	100.0	179	0	0.0	0	0	0.0	0	31	93.9
Intermediate	---	---	---		2	8.7	90	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	6.1
Limited Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0			23	100.0			0	0.0		7	100.0		0	0.0		0	0.0		33	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
Private Home/No Home Health		7.1	Daily Living (ADL)	Independent	One Or Two Staff		Dependent	Residents	
Private Home/With Home Health		0.0	Bathing	6.1	57.6		36.4	33	
Other Nursing Homes		35.7	Dressing	24.2	39.4		36.4	33	
Acute Care Hospitals		57.1	Transferring	27.3	36.4		36.4	33	
Psych. Hosp.-MR/DD Facilities		0.0	Toilet Use	27.3	24.2		48.5	33	
Rehabilitation Hospitals		0.0	Eating	66.7	12.1		21.2	33	
Other Locations		0.0	*****						
Total Number of Admissions		14	Continence		%	Special Treatments		%	
Percent Discharges To:			Indwelling Or External Catheter		3.0	Receiving Respiratory Care		12.1	
Private Home/No Home Health		35.7	Occ/Freq. Incontinent of Bladder		45.5	Receiving Tracheostomy Care		0.0	
Private Home/With Home Health		7.1	Occ/Freq. Incontinent of Bowel		51.5	Receiving Suctioning		0.0	
Other Nursing Homes		0.0				Receiving Ostomy Care		3.0	
Acute Care Hospitals		14.3	Mobility			Receiving Tube Feeding		3.0	
Psych. Hosp.-MR/DD Facilities		7.1	Physically Restrained		0.0	Receiving Mechanically Altered Diets		18.2	
Rehabilitation Hospitals		0.0							
Other Locations		0.0	Skin Care			Other Resident Characteristics			
Deaths		35.7	With Pressure Sores		3.0	Have Advance Directives		93.9	
Total Number of Discharges			With Rashes		3.0	Medications			
(Including Deaths)		14				Receiving Psychoactive Drugs		63.6	
*****									
Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities									
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		This Facility	Ownership:		Bed Size:		Licensure:		All
		%	Peer Group		Under 50		Skilled		Facilities
			%	Ratio	%	Ratio	%	Ratio	%
Occupancy Rate: Average Daily Census/Licensed Beds		100.0	81.9	1.22	71.9	1.39	84.2	1.19	85.1
Current Residents from In-County		100	83.1	1.20	77.5	1.29	85.3	1.17	76.6
Admissions from In-County, Still Residing		50.0	18.8	2.66	30.6	1.63	21.0	2.38	20.3
Admissions/Average Daily Census		41.2	182.0	0.23	106.0	0.39	153.9	0.27	133.4
Discharges/Average Daily Census		41.2	180.8	0.23	100.7	0.41	156.0	0.26	135.3
Discharges To Private Residence/Average Daily Census		17.6	69.3	0.25	15.9	1.11	56.3	0.31	56.6
Residents Receiving Skilled Care		93.9	93.0	1.01	69.5	1.35	91.6	1.03	86.3
Residents Aged 65 and Older		100	87.1	1.15	90.1	1.11	91.5	1.09	87.7
Title 19 (Medicaid) Funded Residents		69.7	66.2	1.05	60.3	1.16	60.8	1.15	67.5
Private Pay Funded Residents		21.2	13.9	1.53	37.1	0.57	23.4	0.91	21.0
Developmentally Disabled Residents		0.0	1.0	0.00	0.0	.	0.8	0.00	7.1
Mentally Ill Residents		48.5	30.2	1.61	41.1	1.18	32.8	1.48	33.3
General Medical Service Residents		18.2	23.4	0.78	19.9	0.92	23.3	0.78	20.5
Impaired ADL (Mean)		53.3	51.7	1.03	48.7	1.09	51.0	1.05	49.3
Psychological Problems		63.6	52.9	1.20	56.3	1.13	53.9	1.18	54.0
Nursing Care Required (Mean)		5.3	7.2	0.74	6.7	0.79	7.2	0.74	7.2